

## HISTORY FACILITY PROFILE

WASATCH VALLEY REHABILITATION  
2200 EAST 3300 SOUTH  
SALT LAKE CITY UT 84109  
STATE'S REGION CODE: 001

PROVIDER #: 465006      FACILITY BEDS  
PHONE NUMBER: (801) 486-2096      TOTAL: 118  
PARTICIPATION DATE: 10/01/1977      CERTIFIED: 118      TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 12/11/2001	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 118
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TOTAL: 106	ADMISSION SUSPENDED:	18      18/19      19      ICF/MR
MEDICARE: 23	SUSPENSION RESCINDED:	--      -----      --      -----
MEDICAID: 58		118
OTHER: 25		

CURRENT SURVEY REVISIT DATES - 02/26/2002

PRIOR 3 SURVEY 11/1998	S/S CODE	PRIOR 2 SURVEY 01/2000	S/S CODE	PRIOR 1 SURVEY 09/2000	S/S CODE	CURRENT SURVEY 12/11/2001	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
		X	G						REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
		X	B						REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
				X	D				REQ F0240-FACILITY PROMOTES/ENHANCES QUALITY OF LIFE
X	E	X	E						REQ F0241-DIGNITY
				X	E				REQ F0258-COMFORTABLE SOUND LEVELS
X	D								REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
		X	E						REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
				X	D				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	G						REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	D								REQ F0316-APPROPRIATE TREATMENT FOR INCONTINENT RES
		X	D						REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
X	G								REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
						X C	E	02/09/2002	REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
X	D	X	D						REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
		X	E						REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
		X	H						REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
		X	H						REQ F0429-PHARMACIST REPORTS IRREGULARITIES
		X	E						REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
		X	B						REQ F0456-ESSENTIAL EQUIPMENT IN SAFE OPERATING CONDITION
		X	B						REQ F0468-CORRIDORS HAVE FIRMLY SECURED HANDRAILS
						X C	D	02/09/2002	REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
X	D	X	H			X C	E	02/09/2002	REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS
		X	H						REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN

## EDITION OF LSC APPLIED

PRIOR 3 SURVEY 09/1998	PRIOR 2 SURVEY 01/2000	PRIOR 1 SURVEY 09/2000	85 EXIST CURRENT SURVEY 12/05/2001	PLAN/DATE OF CORRECTION
X				
			X C	02/01/2002
			X C	02/01/2002
			X C	02/01/2002
	X	X		
X		X	X C	02/01/2002

## LSC DEFICIENCIES - BLDG NO. 01

K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS  
K0047-EXIT SIGNS  
K0054-SMOKE DETECTOR MAINTENANCE  
K0062-SPRINKLER SYSTEM MAINTENANCE  
K0064-PORTABLE FIRE EXTINGUISHERS  
K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	3	3	15	6
HEALTH TOTAL	3	3	15	6
LIFE SAFETY CODE	4	2	1	2
LIFE SAFETY CODE + HEALTH	7	5	16	8

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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09/19/2001	UNSUBSTANTIATED
06/26/2002	UNSUBSTANTIATED
07/16/2002	UNSUBSTANTIATED
09/05/2002	SUBSTANTIATED

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION      N=NO DATE GIVEN      P=PLAN OF CORRECTION      R=REFUSED TO CORRECT      W=WAIVED      X=DEFICIENT  
COP = CONDITION      REQ = REQUIREMENT